

TACTICAL FIELD CARE ACTIONS *continued***PREVENT AND ACTIVELY/PASSIVELY TREAT HYPOTHERMIA**

- **Minimize casualty exposure** to the environment
- **Employ active warming** measures, if available
- **Enclose the casualty** with an exterior impermeable enclosure bag

ASSESS FOR HEAD INJURY

- Check for signs and symptoms of head and/or penetrating eye injury
- Prevent secondary head injury by treating hypoxia and hypotension
- Manage any eye injury(ies) appropriately
 - Perform a visual acuity test; **cover eye injury(ies) with a rigid eye shield(s)**
 - **Administer oral antibiotic** from Combat Wound Medication Pack (CWMP) for penetrating injury(ies)
- Time permitting, review Military Acute Concussion Evaluation 2 screening questions
- Manage any head injury(ies) appropriately



COMMUNICATE casualty status to other medical personnel (as appropriate)

Reassess prior interventions (M/A/R/C/H)

PERFORM **M** **A** **R** **C** **H** **SEQUENCE IN THE CORRECT ORDER**



INITIATE ELECTRONIC MONITORING if indicated and equipment is available

**CONTROL PAIN**

- Check for drug allergy(ies) before administration
- Disarm casualties before administering any drug that can alter mental status
- Administer appropriate pain management
 - CWMP (acetaminophen and meloxicam) analgesics for conscious casualty who can swallow
 - Oral transmucosal fentanyl citrate (OTFC), for a casualty with mild to moderate pain, not in shock or respiratory distress
 - Ketamine IV/IO for moderate to severe pain for a casualty in shock or respiratory distress (may repeat every 20 min for severe pain)
 - Ketamine 50-100 mg (or 0.5-1 mg/kg) IM or IN
 - Repeat doses q20-30 min prn for IM or IN
- For nausea or vomiting, administer ondansetron
- Administer naloxone, as indicated for opioid overdoses
- Document a mental status exam using the AVPU method prior to administering opioids or ketamine.